

# Family coping strategies and sleep hygiene in the light of COVID-19 pandemic

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We have learned numerous painful lessons during the last two years, but simultaneously many other opportunities have arisen. The consequences of the COVID-19 pandemic, including those produced by the measures to mitigate it, appeared almost immediately. Practically all areas of human existence were touched or disrupted. Particularly, in mental health, the rates of depressive disorders, anxiety disorders, and insomnia increased, both among health personnel (Lai et al., 2020) and the general population (Xiong et al., 2020).

The family system was one of the first to be challenged because of the longer coexistence between family members derived from the lockdown. Ramos-Lira et al. (2020) investigated through an online survey the emotional responses and coping strategies among Mexican adults to face the confinement associated with the pandemic. They found that “trying to be on good terms with the family” and “supporting other family members or close people” were the most common coping strategies. In this issue of *Salud Mental*, Montero-Pardo et al. (2022) took a close look at this topic presenting the development of an instrument based on family structure and designed to assess family coping strategies to face the pandemic. In addition to the satisfactory psychometric properties of the scale for the measurement of family coping strategies, this research identifies some of the adaptive strategies families used, such as communication and support from the family system, collaboration and conjugal support, fraternal support, and reorganization of the family. However, maladaptive strategies such as conjugal violence and conflictive mother-child interactions were also found. These results and the instrument itself may help in the identification of vulnerable families which need support to develop adaptive coping resources.

During the lockdown, digital tools became essential. Education at all levels became virtual, the use of telemedicine in health services rapidly spread, and the use of social networks had an enormous increase. Research activities were not excluded; for example, both Ramos-Lira et al. (2020) and Montero-Pardo et al. (2022) developed electronic questionnaires and recruited participants through platforms and social networks. In the early months of the pandemic, screen time in adolescents increased from 3.8 hours to 7.5 hours per day, excluding schoolwork (Nagata et al., 2022). The adverse effects of screen time on psychosocial and physical health have been a matter of concern even before the pandemic (Bucksch et al., 2016). Its potential effects on sleep have received particular attention. Santiago et al. (2022) assessed the association between sedentary screen time and sleep quality in Brazilian adolescents. They found that excessive screen time ( $\geq 4$  hours) in interactive devices (computers and videogames) was significantly associated with poor sleep quality only in adolescents with anxiety risk. This elemental finding brings to light the complexity of the field and the urgent need for research. For example, Santiago et al. (2022) defined excessive screen time as  $\geq 4$  hours per day; however, the World Health Organization and the American Pediatric Association have recommended no more than one or two hours of screen time per day (Council on Communications and Media, 2013). Modalities of screen time seem to have different effects: the use of interactive electronic devices has more influence on sleep quality than passive screen time. Even more so, individuals with psychopatholo-

gy seem to be more vulnerable to the effects of excessive screen time on sleep.

Although electronic devices and digital media mitigated the impact of lockdown on many areas, such as school, work, and social activities, excessive exposure to screens has become a threat to health, and specifically to sleep. Excessive pre-sleep screen time is recognized as an inadequate sleep hygiene practice. Although poor sleep hygiene is considered one of the contributing factors in the development of insomnia, it remains unclear whether it has any influence, and its efficacy as a monotherapy seems to be poor. In this issue of *Salud Mental*, Sandoval-Rincón, Sánchez-Ferrer, Muñoz-Delgado, Sadívar-Hernández, and Jiménez-Genchi (2022) present the results of the assessment of sleep hygiene practices in patients with major depressive disorder comorbid with insomnia, primary insomnia, and good sleepers. The authors suggest that an inadequate practice of sleep hygiene can operate in a population with psychopathology where there is more predisposition to insomnia. The results of Santiago et al. (2022) partially support this statement. Indeed, Sandoval-Rincón et al. (2022) found that patients with major depression comorbid with insomnia were the group with the worst practice of sleep hygiene. However, it was not related to the severity of insomnia or poor sleep quality. Nevertheless, when dimensions of sleep hygiene were analyzed, they identified that only arousal-related behaviors were associated with poor sleep in all groups; moreover, these behaviors were the main predictors of insomnia and poor sleep quality. Despite the popularity of sleep hygiene as an intervention to improve sleep, maybe it is time to re-think it as a construct and consider it as one component—but not the only one—of well-proven efficacious treatments such as cognitive behavioral therapy for insomnia.

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